



10/13/11

**Parent Authorization for Release of School Records
and
Confidential Teacher Recommendations**

School: _____ **Current Grade:** _____

Student listed below is a candidate for admission to Emerging Scholars Program

Student Name: _____

This form authorizes the release of prior, current and subsequent school records and requests that the above named student's 3rd and 4th Grade grades and Standardized Test results be sent to Emerging Scholars Program.

This form also serves as a request for two Confidential Teacher Recommendations. Each letter of recommendation must be written by separate teachers and are preferable written by language arts and math teachers.

In accordance with Federal and State laws, I hereby authorize ESP to request a copy of the applicant's academic records, including but not limited to, the most recent grades and standardized test scores AND Confidential Teacher Recommendations.

Signature of parent or guardian: _____ **Date:** _____

Please send all requested materials to:

Emerging Scholars Program: 4401 Ford Avenue, Suite 400, Alexandria, VA 22303

Phone: 571-312-0013/15 Fax: 571-366-2188

E-Mail: emergingscholarsprogram@gmail.com